

Work Order ID 106006

106006

Page 1

August-28-13 12:27:22 PM

Item ID: D4034-041

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Aft Upper Rib Assembly

Stop

NS2

Start Date: 8/28/13 Start Qty: 2.00

2

Cust Item ID:

Required Date: 8/28/13 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-08-29

Tooling: _____ Date: _____

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____ Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D4034	C

100 Weld per dwg A/R S.S. rod Batch: 8123823 0.00

100

Large Fab

Memo 0.00

1- Assemble ribs to hoop and weld as per dwg DT9564

2- Weld bushing in rib and grind weld flush as per dwg

(3x) CC 13-11-13

110

QC9- Inspect visual per QSI904- Fusion Welds 0.00

110

QC

Memo 0.00

Quality Control

3x DAS 43 13-11-13

120

QC5- Inspect part completeness to step on W/O 0.00

120

QC

Memo 0.00

Quality Control

3x DAS 43 13-11-13

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

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Page 2

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Required Date: 8/28/13 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

130

130

Packaging

Packaging

Operation
Description

Identify as per dwg & Stock Location:

W/H

Memo

Set Up/
Run Hours

0.00

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

140

140

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

3x CC 13-11-13

13/11/18

*B-11-13
mf*

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>					Pressure/Forced <input type="checkbox"/>			
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>					Temperature/Cure <input type="checkbox"/>			
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>					Weld <input type="checkbox"/>			
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>					Wrong Stock Pulled <input type="checkbox"/>			
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Part Moved <input type="checkbox"/>								
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>								
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>								
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Other <input type="checkbox"/>								
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>									
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>									
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>									

Picklist Print

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Page 1

Work Order ID:	106006	Start Date:	8/28/13	Required Date:	8/28/13
Parent Item:	D4034-041	Start Qty:	2.00	Required Qty:	2.00
Parent Item Name:	Aft Upper Rib Assembly				
Comments:	IPP RevA: new issue DD 09.11.23 verified by:EC IPP Rev:B as per dwg revA 10.03.15 verified by:EC IPP Rev:C 11.01.19 AS PER DWG REV.B DD VERF:EC IPP Rev:D 13.03.14 AS PER DWG REV.pc1 DD VERF:JLM IPP REV:E 13.06.21 DWG REV.C DD VERF:JFS				

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4034-1 Rib		Manufactured	No			100	Each	11.0000	1	2		CC 13-11-13	
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				WA004			11	B106265	→	(1x)			
					103359		6						
					103654		2	B106887	→	(2x)			
					83755		1						
					89359		1						
					97591		1						
D4034-3 Rib		Manufactured	No			100	Each	7.0000	1	2		CC 13-11-13	
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				WA004			5	B105381	→	(3x)			
					101014		1						
					103360		4						
				WA005			2						
					94179		2						
D4021-7 Hoop		Manufactured	No			100	Each	12.0000	1	2		CC 13-11-13	
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				WA004			12	B108059	→	(3x)			
					103582		9						
					88428		3						

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>							
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>							
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
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Supplier													
Training													
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FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Picklist Print

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Page 2

Work Order ID: 106006

Parent Item: D4034-041

Parent Item Name: Aft Upper Rib Assembly

Start Date: 8/28/13

Required Date: 8/28/13

Start Qty: 2.00

Required Qty: 2.00

D4021-9
Bushing

Manufactured No

100 Each 211.0000

4

8

CC 13-11-13

Location	Loc Qty	Loc Code	
WA002	6	B108034	→
102482	4		
99143	2		
WA004	205		
100402	29		
100917	40		
102664	76		
66437	2		
70333	4		
72482	4		
82977	1		
84717	3		
88077	23		
88377	7		
92020	12		
98877	4		

NCR: Yes / No

DQA: _____ Date: _____

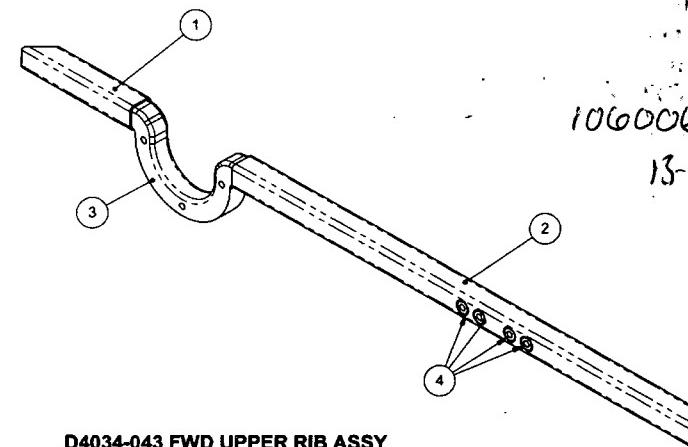
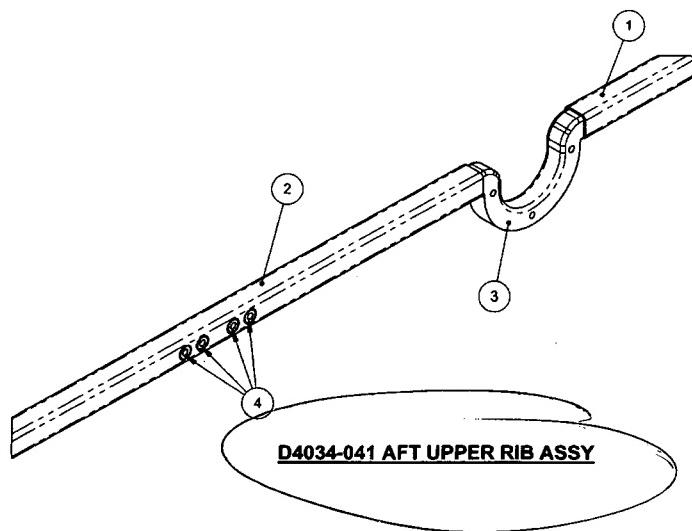
WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
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			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
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Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
				Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>				
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>						
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>						
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>						
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>						

ITEM	QTY -041	QTY -043	P/N	DESCRIPTION
	X		D4034-041	AFT UPPER RIB ASSY
		X	D4034-043	FWD UPPER RIB ASSY
1	1	1	D4034-1	RIB
2	1	1	D4034-3	RIB
3	1	1	D4021-7	HOOP
4	4	4	D4021-9	BUSHING

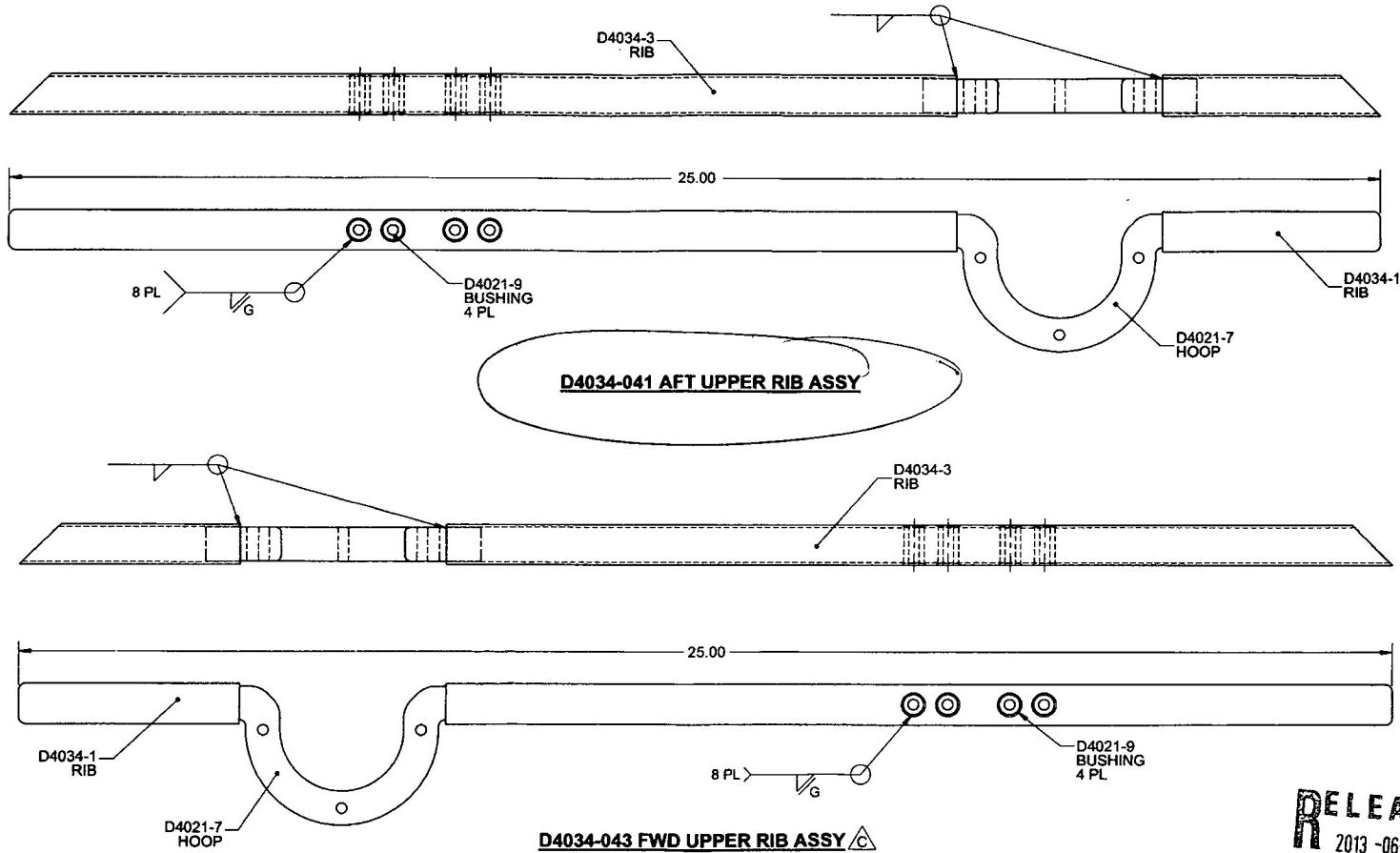
△



RELEASED
R 2013-06-20
M

C	043 REDESIGNED AS MIRROR IMAGE OF -041. -5 DELETED. D2327-3 DELETED. REASON PROP ARM NO LONGER OFFERED		AJS	13.03.13
B	ADDITIONAL HOLES ADDED ON D4034-3 RIB		SC	10.12.20
A	NEW ISSUE		AJS	10.03.04
REV.	DESCRIPTION			
	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA			
DESIGN	AJS	DRAWING NO. D4034		
DRAWN	AJS	REV. C SHEET 1 OF 3		
CHECKED	A.P.	TITLE SCALE		
MFG. APPR.	A.P.	NTS		
APPROVED	A.P.	DATE 13.03.13		
DE APPR.	A.P.	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT CONTAINS TRADE SECRET INFORMATION THAT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.		

106006

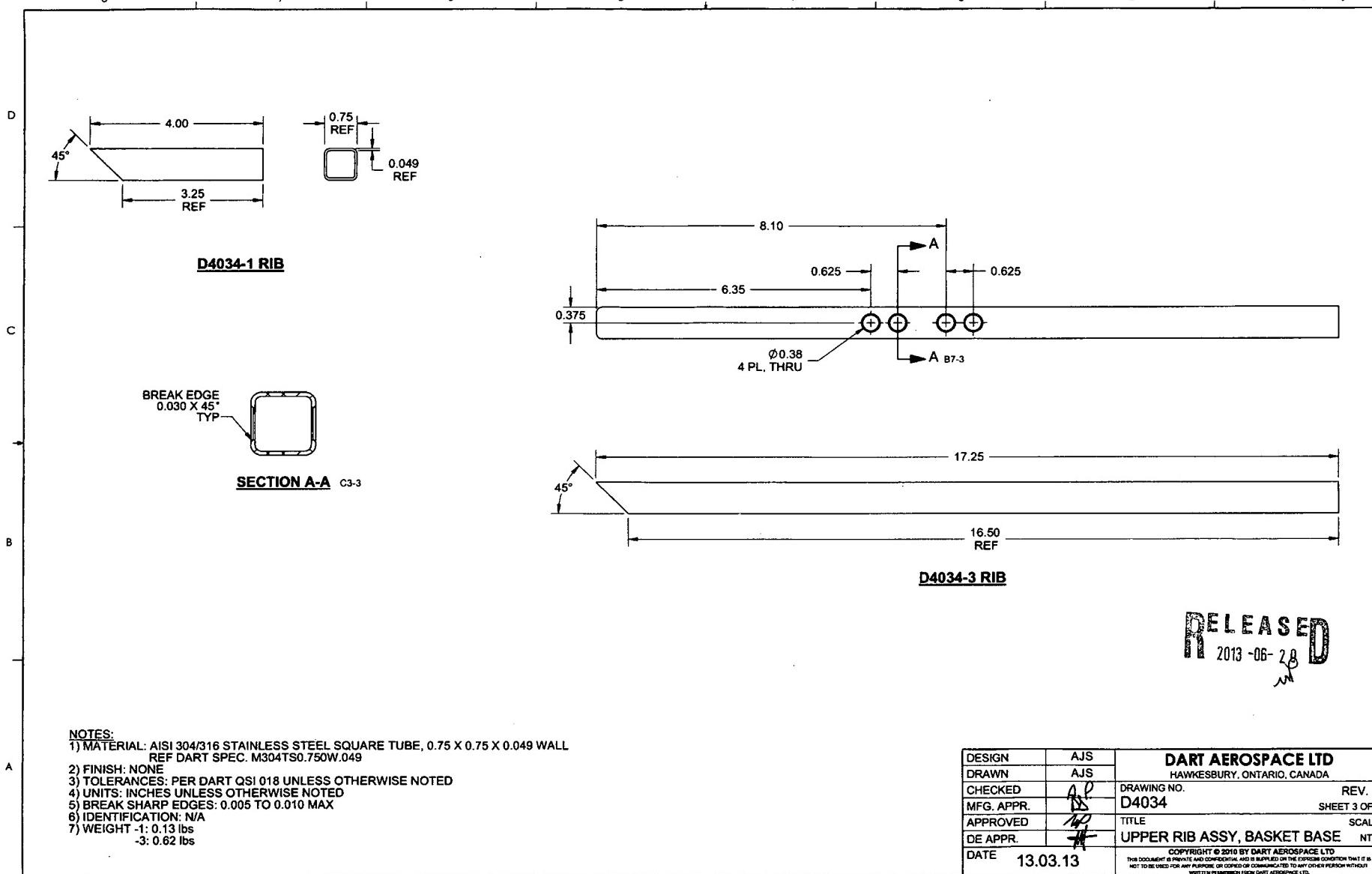
RELEASED
2013-06-20

- NOTES:
- 1) MATERIAL: N/A
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: N/A
 - 7) WEIGHT: 1.61 lbs
 - 8) WELD PER DART QSI 004

DESIGN	AJS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA
DRAWN	AJS	
CHECKED	AJ	DRAWING NO.
MFG. APPR.	DA	REV. C
APPROVED	NP	SHEET 2 OF 3
DE APPR.	NP	TITLE
DATE	13.03.13	SCALE
		UPPER RIB ASSY, BASKET BASE NTS

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106006



DESIGN	AJS	DART AEROSPACE LTD	
DRAWN	AJS	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>AP</i>	DRAWING NO.	
MFG. APPR.	<i>DS</i>	REV. C	
APPROVED	<i>ND</i>	D4034	SHEET 3 OF 3
DE APPR.	<i>ND</i>	TITLE	SCALE
DATE	13.03.13	UPPER RIB ASSY, BASKET BASE	NTS

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